

Kentucky Department for Environmental Protection
Division of Waste Management
Underground Storage Tank Branch
300 Sower Boulevard – Frankfort KY 40601
(502) 564-5981

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DO NOT WRITE IN THIS SPACE

DRAFT

UST Over-Excavation Checklist

Date Form Completed	/ /		
1. UST Facility Information			
Agency Interest Number (AI)			
Coordinates			
UST Facility Physical Address	Street Address:		
	City:	County:	Zip Code: -
UST Facility Location (Coordinates)	Latitude:	Longitude:	
2. UST System Owner Information			
UST System Owner Name			
UST System Owner Mailing Address	Street Address:		
	City:	State:	Zip Code: -
UST System Owner Contact Information	Phone: () -	Alternate Phone: () -	
	Email:		
3. Property Owner Information			
Property Owner Name			
Property Owner Mailing Address	Street Address:		
	City:	State:	Zip Code: -
Property Owner Contact Information	Phone: () -	Alternate Phone: () -	
	Email:		
4. Site-Specific Details			
Release/Incident Numbers and Dates	1.	2.	
Applicable Regulation	<input type="checkbox"/> 2018 Regulation		<input type="checkbox"/> Backlog Regulation (effective prior to 4/18/94)
Soil Screening Levels (per Classification Guide)		Groundwater Screening Levels (per Classification Guide)	
On-Site	Off-Site	On-Site	Off-Site
<input type="checkbox"/> Class A <input type="checkbox"/> Class A Adjusted <input type="checkbox"/> Class B Soil Matrix Table 1 <input type="checkbox"/> Class B Soil Matrix Table 2 <input type="checkbox"/> Class B Soil Matrix Table 3 <input type="checkbox"/> Backlog Levels <input type="checkbox"/> Other – Variance Approved	<input type="checkbox"/> Class B Soil Matrix Table 1 <input type="checkbox"/> Class B Soil Matrix Table 2 <input type="checkbox"/> Class B Soil Matrix Table 3 <input type="checkbox"/> Backlog Levels <input type="checkbox"/> Other – Variance Approved	<input type="checkbox"/> Groundwater Table 1 <input type="checkbox"/> Groundwater Table 2 <input type="checkbox"/> Groundwater Table 3 <input type="checkbox"/> Backlog Levels <input type="checkbox"/> Other – Variance Approved	<input type="checkbox"/> Groundwater Table 1 <input type="checkbox"/> Backlog Levels <input type="checkbox"/> Other – Variance Approved

AI _____

5. Current Site Details					
Soil Contamination	Confirmed above applicable screening levels?	On-Site:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		Off-Site:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Groundwater Contamination	Confirmed above applicable screening levels?	On-Site:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		Off-Site:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Free product encountered? (<i>photographs provided</i>)		<input type="checkbox"/> Yes	Thickness (in): _____	<input type="checkbox"/> No	
Vapors present?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Site supplied by public water?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Active or temporarily closed USTs on property?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Aboveground storage tanks on property?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Other potential source(s) of contamination?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
6. Report Attachments					
Over-Excavation Site Map (<i>identify initial excavation zone, previous soil and groundwater sampling locations, and the over-excavation area</i>)		<input type="checkbox"/> Yes (<i>required</i>)			
Soil analytical table		<input type="checkbox"/> Yes (<i>required</i>) <input type="checkbox"/> N/A			
Groundwater analytical table		<input type="checkbox"/> Yes (<i>required</i>) <input type="checkbox"/> N/A			
Vapor analytical table		<input type="checkbox"/> Yes (<i>required</i>) <input type="checkbox"/> N/A			
Monitoring well construction and/or plugging records		<input type="checkbox"/> Yes (<i>required</i>) <input type="checkbox"/> N/A			
Photographs of monitoring well installation/repair/abandonment		<input type="checkbox"/> Yes (<i>required</i>) <input type="checkbox"/> N/A			
Analytical data sheets		<input type="checkbox"/> Yes (<i>required</i>) <input type="checkbox"/> N/A			
Chains of custody		<input type="checkbox"/> Yes (<i>required</i>) <input type="checkbox"/> N/A			
Weigh ticket summary for soil disposal or treatment (<i>individual weigh tickets are not required with the technical report, but are required with the submittal of the claim for reimbursement</i>)		<input type="checkbox"/> Yes (<i>required</i>)			
Photographs documenting over-excavation activities		<input type="checkbox"/> Yes (<i>required</i>)			
7. Analytical Requirements					
Narrative describing soil sampling and handling procedures?		<input type="checkbox"/> Yes (<i>required</i>) <input type="checkbox"/> N/A			
Narrative describing groundwater sampling and handling procedures?		<input type="checkbox"/> Yes (<i>required</i>) <input type="checkbox"/> N/A			
Trip blank analysis (<i>BTEX water samples only</i>)		<input type="checkbox"/> Yes (<i>required</i>) <input type="checkbox"/> N/A			
Field blank analysis (<i>BTEX water samples only</i>)		<input type="checkbox"/> Yes (<i>required</i>) <input type="checkbox"/> N/A			
Narrative description of any flagged, qualified, or anomalous data		<input type="checkbox"/> Yes (<i>required</i>)			
8. Decontamination and Material Management					
Summary of decontamination procedures?		<input type="checkbox"/> Yes (<i>required</i>) <input type="checkbox"/> N/A			
Summary of handling and storage of investigation derived waste?		<input type="checkbox"/> Yes (<i>required</i>)			
9. Surface Material Removed (<i>complete all that apply</i>)					
Material	Area (ft ²)	Thickness (inches)	Curbing (linear ft)		Rebar
<input type="checkbox"/> Concrete			<input type="checkbox"/> Yes _____ in ft	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Asphalt			<input type="checkbox"/> Yes _____ in ft	<input type="checkbox"/> No	
<input type="checkbox"/> Grass			Other details: _____		
<input type="checkbox"/> Other (<i>specify</i>): _____			Other details: _____		

AI _____

10. ConclusionsNarrative describing over-excavation activities (*include discussion of the presence or absence of water in the excavation, and the volume of water removed, if encountered*)☐ Yes (required)

Discussion of current analytical results

☐ Yes (required) ☐ N/A**11. Recommendations**Discussion of future actions (*e.g., continued monitoring, additional wells, monitoring well repair or abandonment*)☐ Yes (required)☐ No

No Further Action

☐ Yes (recommendations provided – required)☐ No

Interim Corrective Action

☐ Yes (recommendations provided – required)☐ No

Corrective Action

☐ Yes (recommendations provided – required)☐ No**12. Report Certification**☐ Check here if the person completing the form is the same as the P.E. or P.G. named below.**Name of Person Completing Form****Email****Phone Number**

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Under the requirements of KRS Chapter 322 and 322A, this checklist and attached report shall be completed and signed by a P.E. licensed with the Kentucky Board of Licensure for Professional Engineers and Land Surveyors or a P.G. registered with the Kentucky Board of Registration for Professional Geologists.

I, the undersigned, under penalty of law, and in accordance with the provisions of KRS Chapter 322 or KRS Chapter 322A, as appropriate, hereby certify the submitted information, including all attached documents, is true, accurate and complete. KRS 224.99-010(4) provides for penalties for submitting false information, including the possibility of fine and imprisonment.

Printed**Title****Signature****Date**

/ /

☐ Professional Engineer☐ Professional Geologist

KY License Number

KY Registration Number

License Date

Registration Date

SEAL

If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <http://waste.ky.gov/ust>. For copies of facility records please visit <http://eec.ky.gov/pages/openrecords.aspx> or email DEP.KORA@ky.gov.